

**SPECIALTY TREATMENT DEPARTMENT**

**STANDARD OPERATING PROCEDURE**

**500 BED FLEET HOSPITAL**

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500 BED FLEET HOSPITAL**

**A. MISSION**

Renders acute medical and surgical care to ambulatory patients processed through Casualty Receiving.

**B. FUNCTIONS**

Capable of minor surgical and diagnostic procedures. During peak workload periods, may be used as an alternative area for minor surgical procedures under local anesthesia.

**C. PHYSICAL DESCRIPTION:**

Specialty Treatment Unit.  
(a) Location within complex:  
(b) Sheltering  
Type: Temper Tent.  
Quantity: Ten sections.  
(c) Material.  
IOL: 0016, 0017, 0018

**D. SPECIAL CONSIDERATIONS**

1. The specific use of the Specialty Treatment Area and minor Operating Rooms (OR) will depend upon the workload.
2. Patient flow will be controlled by the ambulatory care nurse, in his/her absence by the senior corpsman. If a backlog problem exists the nurse will notify Casualty Receiving Area.
3. Physician assistants who may be assigned to the Specialty Treatment Area will work under the supervision of a physician.

**E. WORKLOAD**

1. Steady state: 80 admissions/day (54 surgical 26 Medical)
2. Peak state: 120 admissions/day (80Surgical 40 Medical)

**F. ORGANIZATION**

1. **Organizational chart**

HEAD, SURGICAL DEPARTMENT  
SPECIALTY TREATMENT PHYSICIANS  
AMBULATORY CARE NURSE

HMs

## **ASSIGNMENTS BY CODE**

### **Designator**

#### **Medical Corps**

<b>Title</b>	<b>Spec. Code</b>
Neurologist	2100/2105
Dermatology	2100/2105
Podiatrist	2300
OB/GYN	2100/2105
Ophthalmologist	2100/2105
Optometrist	1800
ENT	2100/2105
Urologist	2100/2105
Orthopedics	2100/2105
Physical Therapy	

#### **Nurse Corps**

Ambulatory Care Nurse	2900/2905
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#### **Physician Assistants**

Physician Assistant	7540
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#### **Hospital Corpsman**

General Duty Corpsman	
Dermatology Tech	8495
Psych Tech	8485
Cast Tech	8489
Ocular Tech	8445
Urology Tech	8486
ENT Tech	8446

## **2. Staffing**

- (1) One Medical Officer must be assigned on both AM and PM watch.
- (2) One orthopedic surgeon, one cast room tech, one HM are required to stand a watch.
- (3) The Otolaryngology Treatment Area is staffed by the OTL Technician.
- (4) The Ophthalmology Treatment Area is staffed by the Ocular Technician.
- (5) Physician assistants assigned to the Specialty Treatment Area are subject to activation to a treatment team in Casualty Receiving Area.

## **G. JOB DESCRIPTION**

### **AMBULATORY CARE NURSE**

The Ambulatory Care Nurse is responsible for the direct administration and management of the Specialty Treatment Area. The nurse is responsible for the supervision of all nursing care performed in the Specialty Treatment Area. The nurse will facilitate cooperative interdepartmental working relationships and ensures quality patient care is delivered while patient is in Specialty Treatment Area. The nurse will supervise, schedule, and coordinate administrative activities of the Specialty Treatment Area.

### **SENIOR CORPSMAN**

The Senior Corpsman is directly responsible to the nurse of the Specialty Treatment Area for the overall performance, military conduct, and appearance of corpsmen assigned to the area. The Senior Corpsman supervises performance of subordinates and keep all personnel informed of current activities changes. The Senior Corpsman checks and maintains daily availability of administrative and patient care supplies. The Senior Corpsman monitors the safety and function of all equipment. The Senior Corpsman prepares and submits watch bills monthly.

### **STAFF CORPSMAN**

The Staff Corpsman assigned to the Specialty Treatment Area is responsible for direct patient care, cleanliness, maintenance of supplies and equipment in the area, and completion of administrative tasks associated with these duties.

### **ORIENTATION PROGRAM FOR STAFF**

Staff personnel will demonstrate a working knowledge of the physical layout of the Specialty Treatment Area. Staff personnel will demonstrate knowledge and skills (billet assigned) necessary to work independently in the Specialty Treatment Area. Staff personnel shall be familiar with the Specialty Treatment Area standard operating procedure.

## **H. TASKS**

### **1. MAINTAIN READINESS**

Maintain supplies and equipment in Specialty Treatment Area to support the delivery of acute medical and surgical care to the ambulatory patient.

### **2. COORDINATE WORKLOAD**

The department head will coordinate all requests for minor surgery time and will prepare a daily minor OR schedule. The Head, Surgical Department and the Specialty Treatment Area Nurse will perform the following:

- a. Prepare a daily minor OR schedule and distribute to patient care areas by 1600 the preceding day.
- b. Revise minor OR schedule to reflect changing patient priorities and needs of incoming patients requiring minor surgery.
- c. Notify anesthesia department of minor OR cases.
- d. Make daily assignment of staff. Orthopedics, otolaryngology and ophthalmology spaces are staffed by respective services.

### **3. CHECK ALL SUPPLIES**

- a. Check all supplies.
- b. Orthopedic Tech will check all orthopedic/podiatry instruments and appliances. Ensures daily that casting splints and canes are available.
- c. OTL Tech will:
  - i. Inventory and restock the following sets:
    1. Epistaxis tray
    2. Nasal fracture set
    3. Peritonsillar abscess tray
    4. Sinus irrigation set
    5. Minor laceration suture set
  - ii. OTL Tech will inventory OTL treatment area supplies and linens.
- d. Ocular technician will inventory all ophthalmology supplies and Instruments and restock as necessary.
- e. Supply HM will inventory and restock all equipment, supplies, medications, and forms in the minor OR/treatment areas.
- f. Senior Corpsman will order items needed:
  - i. Order supplies from Material Management.
  - ii. Order medications daily from Pharmacy.
  - iii. Return outdated drugs to Pharmacy for disposal.
  - iv. Order linen daily
  - v. Order sterile linen packs/instruments from CSR.

### **4. INSPECT ALL EQUIPMENT**

- a. Check emergency equipment for proper function each watch.
- b. Record date, watch and discrepancies noted on Emergency Equipment Checklist.
- c. Perform operator maintenance on all equipment required to Support a procedure IAW the manufacturer's instructions or technician manual.
- d. Inspect equipment, electrical connectors, cords, and switches daily for function/wear/fit.
- e. Label any defective minor equipment and instruments.
- f. Report major equipment malfunction to Medical Repair Division.
- g. Notify CSR supply clerk of replacement equipment that must be ordered.
- h. ORL Tech will perform calibration on audiometric equipment weekly.

## **5. PREPARE FOR MINOR SURGERY**

- a. Clean Minor Surgery Area: Cleaning and set up time will not exceed 30 minutes
- b. HM personnel shall obtain instrument, sets, equipment, and supplies.
- c. Assemble all equipment, instruments, and supplies for procedure in minor OR.

## **6. PROVIDE NURSING CARE**

Provide nursing care during assessment, evaluation, treatment, and disposition of ambulatory or litter patient.

## **7. RECEIVE PATIENTS**

- a. Assigned Triage Officer will triage patients for immediate care.
- b. CHCS clerk will log all patients in CHCS and functional area logbook.
- c. Document patient care on patient's folder and approved FH forms.
- d. Direct patient to appropriate area within Specialty Treatment.

## **8. ASSESS PATIENTS**

- a. Perform nursing assessment relative to chief complaint.
- b. Assist and/or perform physical examination.
- c. Initiate diagnostic tests as ordered, lab, x-ray, EKG, etc.

## **9. INITIATE TREATMENT PLAN**

- a. Perform treatment procedures IAW Nursing Procedures Manual.
- b. Instruct patient in self-care (as applicable) and procedure for any follow up care.

## **10. CARE FOR THE DECEASED PATIENT**

Notify the Command Duty Officer, Chaplain, Lab, and Director of Surgical Services prior to transport of patient to the morgue.

## **I. RESPONSE TO DEPLOYMENT HAZARDS**

### **1. FIRE PROCEDURES**

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA (S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.



## 2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

## 3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.

- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.

- **MISCELLANEOUS ITEMS**

- Each FA should denote a supply petty officer who is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

## **J. PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR**

A. PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

B. DEFINTION:

Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

C. EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words "Prisoner of War" or "EPW").

#### D. STEPS:

1. Upon presentation of EPW to functional area, notify the Security Department and Patient Admin.
2. Upon admission to the functional area, Security will be responsible for the following notifications:
  - (a) Theater command military police (MP) headquarters.
  - (b) Executive Officer.
  - (c) Director of Nursing.
  - (d) Director of Administration.
3. Perform essential life saving care.
4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).
5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.
6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.
7. Movement to another functional area will be reported to Security.
8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

#### E. RESONSIBILITY:

CMAA/Security.